

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010072

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 669

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN POPLAR BLUFF

Length of stay in lb  
6mo

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION I200 GARFIELD

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY BUTLER

c. CITY OR TOWN POPLAR BLUFF

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
I200 GARFIELD

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First JOHN

Middle HENRY

Last SMITH

4. DATE OF DEATH

Month 3/23/1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/15/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
LABORER

10b. KIND OF BUSINESS OR INDUSTRY  
NONE

11. BIRTHPLACE (City and state or country)  
MEMPHIS TENN.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

ABROM SMITH

13b. MOTHER'S MAIDEN NAME

INDIANER GREANT

14. NAME OF HUSBAND OR WIFE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO.

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
WILLIE MAE JONES. POPLAR BLUFF, MO

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH  
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-21-62 to 3/23-62 and last saw him alive on 3/21/62

Death occurred at 4:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3/27/1962

23c. NAME OF CEMETERY OR CREMATOR

CITY

POPLAR BLUFF, MO.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

Peoples Funeral Home Poplar Bluff MO

25. DATE RECD. BY LOCAL REG.

3/31/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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9 331X

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11

12 90-0

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VS 300

Rev. 4/59

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1421-JC-274

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 5729

P. O. Address Wilmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.